

**LEGAL ASSISTANCE CLIENT  
SATISFACTION QUESTIONNAIRE**

*To Our Clients: This command strives to provide each of you with prompt professional legal services. Serving you well is of vital importance to us! Help us achieve the highest standards of timely, quality legal services, by taking a moment, AFTER YOUR APPOINTMENT, to complete this questionnaire. Everyone involved reads every questionnaire we receive and we are usually delighted to note that we have served you well. When this is not the case, we often initiate improvements based on your suggestions.*

Date of Appointment: \_\_\_\_\_ Attorney: \_\_\_\_\_

1. Did our staff treat you professionally over the telephone when you made your appointment? ☐ Yes ☐ No If not, please explain:

2. How would you rate the quality of legal services you received?

☐ Great ☐ Good ☐ Fair ☐ Poor

3. How was the timeliness of the services you received?

☐ Great ☐ Good ☐ Fair ☐ Poor

4. Did the staff treat you courteously? ☐ Yes ☐ No  
If not, please explain:

5. Did the attorney and staff show concern for you? ☐ Yes ☐ No  
If not, please explain:

6. Was the attorney's advice clear to you? ☐ Yes ☐ No  
If not, please explain:

7. Do you feel that the attorney helped you? ☐ Yes ☐ No  
If not, please explain:

8. Remarks and Suggestions: (continue on reverse):

9. Status: Active Duty \_\_\_\_\_ Dependent \_\_\_\_\_ Retired \_\_\_\_\_

10. OPTIONAL: Name: \_\_\_\_\_  
Command (if applicable): \_\_\_\_\_  
Telephone Number: \_\_\_\_\_